LIVESCAN FINGERPRINT REQUEST

Date fingerprinted:	Type of picture ID presented:

APPLICANT INFORMATION
Must provide picture ID to be printed

Applicant Name (Last, First, Middle)

Date of Birth:	Race:	Sex:

Social Security Number:

Applicant address (street, city, state, zip)

Applicant phone number: (   )

REQUESTING AGENCY INFORMATION

Agency ID: **9533J**   Agency Name: **Office of Contracts & Rate Setting**
            (RQID)

Reason fingerprinted: **CPE-National Child Protection Act, NCPA**

**Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason. **